

FORM 2 NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

MAR 23 1999

Washington State Department of Ecology
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(360) 407-6737

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page numbers with detailed instructions are listed for each section. PS 81293193

1. Notification. Please select one of the following choices. (p. 5)

1.a. ☒ New notification

OR

1.b. ☐ Existing RCRA Site ID# WA _____

If 1.a., complete entire form.

If 1.b., choose desired action below and fill in effective date.

DEPARTMENTAL USE ONLY									
WA	H00	00	07	94	18				

47.55303

122.03447

☐ Revise Notification (complete entire form)☐ Reactivate Site ID# (complete entire form)☐ Withdraw Site ID # (skip sections 11 and 12)☐ Cancel Site ID# (skip sections 11 and 12)Effective date: ____/____/____
mm dd yy

SR

2.a. SIC Code: (p.7) _____ (Primary)

2.b. Type of business conducted at this site: (p.7) Collision repair

3. Name of site (p.7) Gilman Autobody NW, LLC

4. Location of site (p.7)

Street 6405 229th Ave SE Suite B.City or Town LassagueCounty KingState WA Zip 98029

5. Site mailing address (p.7)

Street or P.O. Box Same

City _____

State _____

Zip _____

6. Site contact (person Ecology should contact for clarification on this form, p. 7)

Name Karin M. AllredJob Title ManagerMailing Address 6405 229th Ave SE, Suite B.City LassagueState WAZip 98029

Please expedite and call with Revised 1/96
New Number.

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA _____

Name of site (same as section 3, p. 7) _____

7. Department of Revenue # (p. 8): 601-925-448V

8. Site operator (person responsible for dangerous waste activity, p. 8)

Name Michael G Price Phone Number 425-392-0101
Mailing Address 6405 229th Ave SE, Suite B
City Issaquah State WA Zip 98029

9.a. Site ownership (legal owner of business, p. 8)

Has ownership changed since you last notified or reported?

☐ Yes ☒ No

If Yes, effective date of ownership change: ____/____/____

Name Same as 10-7 Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

9.b. Site ownership type (p. 8)

Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.

F = Federal

S = State

I = Tribal Trust

P = Private

C = County

M = Municipal

D = District

O = Other

10.a. Property ownership (legal owner of this property, p. 8)

Name Jim Pangborn Phone Number 425-392-0146
Mailing Address 6405 229th Ave SE, Suite A
City Issaquah State WA Zip 98029

10.b. Property type (p. 8)

Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.

F = Federal

S = State

I = Tribal Trust

P = Private

C = County

M = Municipal

D = District

O = Other

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) **WA** _____
 Name of site (same as section 3, p. 7) _____

11. Type of regulated waste activity (Mark "X" in the appropriate boxes, p. 9)

11.a. Dangerous waste activity

1. **Generator**
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. **Frequency**
- ☒ a. Monthly
- ☐ b. Batch
- ☐ c. One-time only
3. **Transporter** (Indicate mode in boxes 1-5 below).
- ☐ a. Transport own waste
- ☐ b. Transport for commercial purposes
- Mode of Transportation**
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other-specify: _____
4. **Treater, Storer, Disposer** (at installation). Note: A RCRA Permit is required for this activity.
- ☐ a. For waste generated at this facility
- ☐ b. For waste generated by other facilities.

4. (Continued)

- Which of the following RCRA permitted activities occur at this facility?
- ☐ 1. Treatment
- ☐ 2. Disposal
- ☒ 3. Storage
5. **Dangerous waste fuel**
- ☐ a. Generator marketing to burner
- ☐ b. Other marketers
- ☐ c. Boiler and/or industrial furnace
- ☐ 1. Smelter/deferral
- ☐ 2. Small quantity exemption
- Indicate type of combustion device(s):
- ☐ 1. Utility boiler
- ☐ 2. Industrial boiler
- ☐ 3. Industrial furnace
- ☐ 6. Underground Injection control
- ☐ 7. Immediate recycler
- ☐ 8. Permit-by-rule facility
- ☐ 9. Treatment by generator

11.b. Used oil fuel activities

1. **Used oil fuel marketer**
- ☐ a. Marketer directs shipment of used oil to off-specification burner
- ☐ b. Marketer who first claims the used oil meets the specifications
2. **Used oil burner**—indicate type(s) of combustion device(s).
- ☐ a. Utility boiler
- ☐ b. Industrial boiler
- ☐ c. Industrial furnace
3. **Used oil transporter**—indicate type(s) of activity(ies).
- ☐ a. Transporter
- ☐ b. Transfer facility
4. **Used oil processor/re-refiner**—indicate type(s) of activity(ies).
- ☐ a. Process
- ☐ b. Re-refine

12.a. Waste descriptions (p. 12)

Paint thinner, unused, duPont non lead paint

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA _____

Name of site (same as section 3, p. 7) _____

12.b. Waste Codes: (p.12)

1. Characteristics (WAC 173-303-090): Identify (circle or fill in) those codes that best describe your waste(s).

D001
IgnitableD002
CorrosiveD003
Reactive

TCLP _____

2. Listed (WAC 173-303-9903): Fill in those codes that best describe your waste(s).

3. State-only (WAC 173-303-100, -180, and 9904): Circle those codes that best describe your waste(s).

WT01 WT02
ToxicWP01 WP02 WP03
PersistentWL01 WL02
LabpackW001
PCBWSC2
Solid Corrosive

13. Comments (p. 13)

14. Notification checklist (p. 13)

- ☐ Did you sign and date notification form?
- ☐ Did you keep a copy for your files?
- ☐ Did you complete the correct sections of this notification form to fit your situation? (See section 1—Notification)
- ☐ If you are canceling or withdrawing your RCRA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you submit your completed annual report with this request for cancellation or withdraw?

15. Certification (p. 13) This form cannot be processed without a signature

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature:

Name and official title (type or print):

Date signed:

Karin M. Allred Karin M. Allred, Manager 3/19/99

99. EPA/STATE HAZARDOUS WASTE I.D.#

W A D980976500

(a) ☐ RCRA/STATE
 (b) ☒ STATE ONLY
 (c) ☐ SMALL QUANTITY
 (d) ☐ NON REGULATED
 (e) ☐ ONE TIME ONLY
 (f) ☐ EMERGENCY
 (g) ☐ OTHER

INIT: 25X
 DATE: 9/84
 EPA: 10-01
 ACK: 25X
 COPY: ✓
 REGION: NW

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF '84
 DANGEROUS WASTE
 ACTIVITIES

(send to) Attn: DW Notifications
 Washington State Department of Ecology
 M/S PV-11 Olympia, WA. 98504
 (206) 459-6300/6305/6306

DATE IN TO DEPARTMENT
 SEP 13 12:35
 OF ECOLOGY
 OLYMPIA, WA

DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION
☐ B. REVISED NOTIFICATION
 (enter current I.D.# in upper left) MO. / DAY / YR.
 revisions effective: / /

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)
☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER
600-536-984

2.B. SIC CODE(S)
 PRIMARY 7531 SECONDARY OTHER

3. NAME OF COMPANY
ISSAQUAH AUTO REBUILD
dba GILMAN AUTO BODY

4. MAILING ADDRESS STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.
P O BOX 475
 CITY OR TOWN STATE ZIP CODE
ISSAQUAH WA 98027-

5. LOCATION OF WASTE ACTIVITIES (Installation)
 DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)
220 NE GILMAN BLVD KING 033
 CITY OR TOWN STATE ZIP CODE
ISSAQUAH WA 98027-

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING
 (Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

☒ A. GENERATOR ☒ B. WASTE MANAGEMENT FACILITY (TSD)
 (refer to definitions in instructions)
 (1) ☐ TREATMENT
 (2) ☐ STORAGE
 (3) ☐ DISPOSAL
 (4) ☐ WE ACCEPT OFF-SITE WASTES

☐ C. TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)
 (1) Mode(s) of Transport YOU Operate
 (a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL
 (d) ☐ WATER (e) ☐ OTHER

8. CONTACT PERSON
 NAME (last) (first)
HUENDORF CATHY
 TITLE PHONE NO. (area code & number)
MGR 206-392-0101

9. OWNERSHIP
 (Legal Owner(s) of this Installation)
ISSAQUAH AUTO REBUILD INC

10. TYPE OF OWNERSHIP
 (enter letter code in box)
P

10-04

11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT CODE
1	Spent Lacquer thinner & paint	U1002 F005 D1001 F003	1944	
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes listed above to be produced in any given month (consecutive 30 days) or per processing batch.

A. ☒ Batch Frequency 75 days

QUANTITY				WEIGHT
			400	P

B. ☐ PER MONTH

QUANTITY				WEIGHT

13. COMMENTS (Enter information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: <i>Cathy Hubbard</i>		OFFICIAL TITLE (Print) <i>Mgr</i>	DATE SIGNED: <i>9/8/84</i>
PRINTED NAME: <i>Cathy Hubbard</i>			

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MAR 23 1999

Washington State Department of Ecology
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(360) 407-6737

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page numbers with detailed instructions are listed for each section.

1. Notification. Please select one of the following choices. (p. 5)

1.a. ☐ New notification OR

If 1.a., complete entire form.

DEPARTMENTAL USE ONLY									
WA									

1.b. ☒ Existing RCRA Site ID# WA D980976500

If 1.b., choose desired action below and fill in effective date.

☐ Revise Notification (complete entire form)

☐ Reactivate Site ID# (complete entire form)

☐ Withdraw Site ID # (skip sections 11 and 12)

☒ Cancel Site ID# (skip sections 11 and 12)

Effective date: 12 / 31 / 98
mm dd yy

98
X

See
Comments

SR

2.a. SIC Code: (p. 7) _____ (Primary)

2.b. Type of business conducted at this site: (p. 7)

Collision repair

3. Name of site (p. 7) Gilman Autobody

4. Location of site (p. 7)

Street 220 NE Gilman Blvd.

City or Town Issaquah

County King

State WA Zip 98027

5. Site mailing address (p. 7)

Street or P.O. Box Same

City _____

State _____

Zip _____

6. Site contact (person Ecology should contact for clarification on this form, p. 7)

Name Karen M Allred

Job Title Owner

Phone Number

425-392-0101

Mailing Address Same as # 4

City _____

State _____

Zip _____

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA _____

Name of site (same as section 3, p. 7) _____

7. Department of Revenue # (p. 8): 620-626-224

8. Site operator (person responsible for dangerous waste activity, p. 8)

Name Karin M. AlfordPhone Number 425-392-0101Mailing Address Same as # 4

City _____

State _____

Zip _____

9.a. Site ownership (legal owner of business, p. 8)

Has ownership changed since you last notified or reported?

☐ Yes ☒ NoIf Yes, effective date of ownership change: ____/____/____
mm dd yy

Name _____

Phone Number _____

Mailing Address _____

City _____

State _____

Zip _____

9.b. Site ownership type (p. 8)

Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.

F = Federal

S = State

I = Tribal Trust

P = Private

C = County

M = Municipal

D = District

O = Other

10.a. Property ownership (legal owner of this property, p. 8)

Name Gemini Dream

Phone Number _____

Mailing Address 3013 G.S. Center RoadCity WenatcheeState WAZip 98801

10.b. Property type (p. 8)

Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.

F = Federal

S = State

I = Tribal Trust

P = Private

C = County

M = Municipal

D = District

O = Other

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA _____

Name of site (same as section 3, p. 7) _____

11. Type of regulated waste activity (Mark "X" in the appropriate boxes, p. 9)

11.a. Dangerous waste activity

1. Generator

- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Frequency

- ☐ a. Monthly
☐ b. Batch
☐ c. One-time only

3. Transporter (Indicate mode in boxes 1-5 below).

- ☐ a. Transport own waste
☐ b. Transport for commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other-specify: _____

4. Treater, Storer, Disposer (at installation). Note: A RCRA Permit is required for this activity.

- ☐ a. For waste generated at this facility
☐ b. For waste generated by other facilities

4. (Continued)

Which of the following RCRA permitted activities occur at this facility?

- ☐ 1. Treatment
☐ 2. Disposal
☐ 3. Storage

5. Dangerous waste fuel

- ☐ a. Generator marketing to burner
☐ b. Other marketers
☐ c. Boiler and/or industrial furnace
☐ 1. Smelter deferral
☐ 2. Small quantity exemption

Indicate type of combustion device(s):

- ☐ 1. Utility boiler
☐ 2. Industrial boiler
☐ 3. Industrial furnace

☐ 6. Underground Injection control

☐ 7. Immediate recycler

☐ 8. Permit-by-rule facility

☐ 9. Treatment by generator

11.b. Used oil fuel activities

1. Used oil fuel marketer

- ☐ a. Marketer directs shipment of used oil to off-specification burner
☐ b. Marketer who first claims the used oil meets the specifications

2. Used oil burner—indicate type(s) of combustion device(s).

- ☐ a. Utility boiler
☐ b. Industrial boiler
☐ c. Industrial furnace

3. Used oil transporter—indicate type(s) of activity(ies).

- ☐ a. Transporter
☐ b. Transfer facility

4. Used oil processor/re-refiner—indicate type(s) of activity(ies).

- ☐ a. Process
☐ b. Re-refine

12.a. Waste descriptions (p. 12)

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA _____

Name of site (same as section 3, p. 7) _____

12.b. Waste Codes: (p.12)

1. Characteristics (WAC 173.303-090): Identify (circle or fill in) those codes that best describe your waste(s).

<input checked="" type="checkbox"/> D001 Ignitable	<input type="checkbox"/> D002 Corrosive	<input type="checkbox"/> D003 Reactive	TCLP _____
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2. Listed (WAC 173.303-9903): Fill in those codes that best describe your waste(s).

3. State-only (WAC 173.303-100, -180, and 9904): Circle those codes that best describe your waste(s).

WT01 WT02 Toxic	WP01 WP02 WP03 Persistent	WL01 WL02 Labpack	W001 PCB	WSC2 Solid Corrosive
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13. Comments (p. 13)

4-99
Per T/C w/ Karin, owner of business (Mr Alfred)
deceased. Business liquidated.

14. Notification checklist (p. 13)

- ☐ Did you sign and date notification form?
- ☐ Did you keep a copy for your files?
- ☐ Did you complete the correct sections of this notification form to fit your situation? (See section 1—Notification).
- ☐ If you are canceling or withdrawing your RCRA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you submit your completed annual report with this request for cancellation or withdraw?

15. Certification (p. 13) This form cannot be processed without a signature.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature:

Name and official title (type or print):

Date signed:

Karin M. Alfred

Karin M. Alfred

3/15/99

I. EPA/STATE Hazardous Waste I.D.#
W A 7 9 8 0 9 7 6 5 0 0

II. Waste Designated By:
RCRA/State ☒ SQ/RCRA
State Only
Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:
RCRA Exempt Recycler
State Exempt Recycler
Below QEL
Other

IV. Handling
Emergency
Remedial Action
One-Time-Only
Other

DEPARTMENT USE ONLY

FORM 2
NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6305/6306

DATE IN TO DEPARTMENT
Init: HP Date: 2-6 Region: N
EPA: Date: Copy:
Input: Update: Ack.:
FEB 05 1987
DEPARTMENT USE ONLY

Type or Print in Ink—Form designed for use on Elite (12 pitch type)

1. ☒ A. FIRST NOTIFICATION (no previous application has been made for this site)
☐ B. REVISED NOTIFICATION (date revisions effective: / /)
☐ C. WITHDRAW SITE I.D.# (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)
☐ D. REACTIVATE SITE I.D. # (Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)
☐ E. CANCEL SITE I.D. # (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)
☐ F. EXISTING I.D. # (Complete for items 1B, C, D, & E only)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY SECONDARY OTHER

3. NAME OF COMPANY

GILMAN AUTO BODY

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

220 NE GILMAN BLVD

CITY OR TOWN

STATE

ZIP CODE

ISSAQUAH

WA

98027

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

SAME

CITY OR TOWN

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

KING

033

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR
☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other (specify in comments)
☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Processes conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (>180 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).
☐ 4. UNDERGROUND INJECTION OF WASTE(S).
☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. ☐ Generator Marketing to Burner 5b. ☐ Other Marketer
5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 7C)
☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:

Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.

(continue in Comments).

8. CONTACT PERSON

NAME (last),

(first)

ALLRED STEVE

TITLE

PHONE NO. (area code & number)

OWNER

206-392-0101

9A. OWNERSHIP (Legal Owner(s) of this Company)

STEVE ALLRED

9B. OWNERSHIP (Legal Owner(s) of site (Property))

LARRY BERWERT

10A. TYPE OF OWNERSHIP (enter letter code in box)

SEE INSTRUCTIONS

C

10B. IS SITE LOCATED ON INDIAN TRUST LANDS?

Y=Yes N=No

N

11. WASTE IDENTIFICATION		Copy this page if you have more than 10 waste streams		Other information (optional)		12. ESTIMATED MAXIMUM QUANTITY	
A LINE NO.	B Description of waste(s)	C Dangerous Waste Number (WAC 173-303)		D Estimated of Annual Annual Waste Quantity		E Waste Code	
1	Laquer Thinner						
2							
3							
4							
5							
6							
7							
8							
9							
10							

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C. indicate maximum to be accumulated on-site prior to shipment.

12A. ☐ (Batch Frequency _____)

QUANTITY	WEIGHT
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
CODE	CODE

12B. ☐ PER MONTH

QUANTITY	WEIGHT
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
CODE	CODE

12C. Amount to be Accumulated on-site prior to shipment

QUANTITY	WEIGHT
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
CODE	CODE

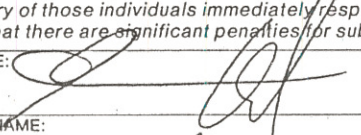
13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST (Check the box(es) of those items desired and indicate how many)

A. <input type="checkbox"/> NOTIFICATION FORM	B. <input type="checkbox"/> PART A PERMIT FORM FOR TSD FACILITIES
C. <input type="checkbox"/> BIOLOGICAL TEST PROCED.	D. <input type="checkbox"/> GENERATOR ANNUAL REPORT FORM
E. <input type="checkbox"/> CHEMICAL TEST PROCED.	F. <input type="checkbox"/> TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. <input type="checkbox"/> DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)	
H. <input type="checkbox"/> DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)	
I. <input type="checkbox"/> OTHER (specify) _____	

15. CERTIFICATION (MUST BE SIGNED IN INK TO BE PROCESSED)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 	OFFICIAL TITLE (Print)	DATE SIGNED:
PRINTED NAME: Steve ALLRED	President	2/2/87



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WAD980976500

INSTALLATION ADDRESS

GILMAN AUTO BODY
220 GILMAN BLVD
ISSAQUAH

WA 98027

220 NE GILMAN BLVD
ISSAQUAH

WA 98027



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EPA I.D. NUMBER

WAD980976500

INSTALLATION ADDRESS

ISSAQUAH AUTO REBUILD DBA GILMAN AUTOBODY
PO BOX 475
ISSAQUAH WA 98027

220 NE GILMAN BLVD
ISSAQUAH WA 98027